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Your first name and initial (If joint return, also give spouse's name and initial.)		Last name	Your Social Security Number	1	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
Spouse's first name and initial.		Last name	Spouse's Social Security Number	2	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
Present home address (number and street including apartment number or rural route)			Daytime Telephone Number		<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
City, town, or post office		State	ZIP		

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**This form is to be maintained by ERO.**